

Settlement Proposal for Outstanding Medical Bill

Date: [Insert Date]

To: [Medical Provider's Name]

Address: [Medical Provider's Address]

Dear [Provider's Name],

I hope this letter finds you well. I am writing to discuss an outstanding medical bill with your office, account number [Insert Account Number], which currently stands at [Insert Amount]. Due to [brief explanation of financial hardship, e.g., loss of job, unexpected medical expenses], I am unable to pay the full amount at this time.

In light of my current financial situation, I would like to propose a settlement of [Insert Proposed Settlement Amount]. I believe this amount is both fair and reasonable given my circumstances and my desire to resolve this matter promptly.

I understand the importance of settling my debts and am committed to fulfilling my obligations. Please consider my proposal and let me know if you can accept this settlement. I am looking forward to your favorable response.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]